

CHARNWOOD EXPRESS LTD

SAMEDAY SPECIALISTS
UNIT 7 ABBEY BUS PARK
FRIDAY ST
LEICESTER
LE1 3BW

CREDIT ACCOUNT APPLICATION FORM

The under mentioned applicant hereby applies for a credit account with Charnwood Express Ltd. The credit terms and conditions are in regulation with the Road Haulage Association, which is enclosed with this form.

Trading Name:

Address:

.....

Postcode:

Telephone Number: **Fax Number:**

Status: (Please tick) Sole trader [] Partnership [] Ltd [] Plc []

Registration Number:

If sole trader or partnership please give full name(s) private address and telephone numbers

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Nature of business:

Person of contact regarding accounts:

Credit Required: £.....

Names and Address of Bank / building society:

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Sort code:.....**Account number:**.....

Please give two trade references:

1 Name:..... **2 Name:**

Address: **Address:**

.....

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Credit terms are 30 days from date of invoice.

Signature:

Date:/...../.....

Print:

Position: